

# MediPro Homecare Services LLC

We serve as a locally founded company in Apopka, Florida, motivated to ensure a better quality of life for our clients and their families by providing dependable, compassionate and affordable care. Our services are available for a few hours or around the clock care.

Mailing Address: 581 N. Park Avenue, Apopka, Florida, 32704 Ph: (407) 880-8818 Fax: (407) 612-2379 --Serving Orange and Seminole County.

## Application for Employment

Medipro Homecare Services LLC, is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status.

First Name Middle Initial Last Name		Date
How or from whom did you hear about Guardian Angels Homecare?		
Street Address		
City	State	ZIP
Phone	SSN	
Email Address		

### Emergency Contact

Name	Phone
Address	Relationship

Companion Caregiver     Personal Care Caregiver (assist with continence care and bathing)

I am a CNA, HHA license # if known \_\_\_\_\_  Formerly a CNA, HHA

Have you ever been convicted of a misdemeanor or a felony?

yes     no

If yes, please provide details on these and any other legal issues that might appear during our extensive background check.

### Transportation:

Many caregiver assignments require the caregiver to transport a client.

Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make and model car
License plate #	Driver license #

Insurance company	Auto insurance policy #	Insurance agent name & phone #
Do you have 3 points or more on your driver's license such as reckless driving charge, a conviction for DUI, DWI or any criminal/misdemeanor charge relating to the operation of a licensed or unlicensed motor vehicle? Explain		
<b>Availability</b>	Days/times you are available to work	
Any day/times <b>not</b> available to work		
Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no		

Comments
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<b>Education</b>		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates		
Special skills or courses		

## Experience

Discuss any training or experience working with the elderly

## Skills

Please indicate whether you have assisted with or performed the following tasks for seniors.

Bathing, Showering, Dressing, Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Toileting, Incontinence Peri-care	<input type="checkbox"/> yes <input type="checkbox"/> no	Transfer assist in/out of Bed, Chair, Wheelchair	<input type="checkbox"/> yes <input type="checkbox"/> no
Transfer assist in/out of Vehicle	<input type="checkbox"/> yes <input type="checkbox"/> no	Experience w/gait Belt, Cane, Walker, Wheelchair	<input type="checkbox"/> yes <input type="checkbox"/> no	Experience w/Dementia, Alzheimers	<input type="checkbox"/> yes <input type="checkbox"/> no

Medication Reminders	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery Shopping	<input type="checkbox"/> yes <input type="checkbox"/> no	Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no
Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no	Dusting, Vacuuming	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean Bathrooms	<input type="checkbox"/> yes <input type="checkbox"/> no
Clean Kitchens	<input type="checkbox"/> yes <input type="checkbox"/> no	Pet Care	<input type="checkbox"/> yes <input type="checkbox"/> no	Assist with Banking, Bill Paying, Mail	<input type="checkbox"/> yes <input type="checkbox"/> no

<b>Employment History</b>			
*Three required			
<b>May we contact your current employer?</b> <input type="checkbox"/> yes <input type="checkbox"/> no			
*Company	Start Date	Start Pay	End Date End Pay
Job title	Reason left		
Duties			
Supervisor	Phone		Fax #
*Company	Start Date	Start Pay	End Date End Pay

Job title	Reason left			
Duties				
Supervisor	Phone			
	Fax #			
<b>*Company</b>	Start Date	Start Pay	End Date	End Pay
Job title	Reason left			
Duties				
Supervisor	Phone			
	Fax #			
<b>Company</b>	Start Date	Start Pay	End Date	End Pay
Job title	Reason left			
Duties				
Supervisor	Phone			
	Fax #			
<b>Company</b>	Start Date	Start Pay	End Date	End Pay
Job title	Reason left			
Duties				
Supervisor	Phone			
	Fax #			

**Employment References** \*Three required

*Supervisor/Contact Name	Business Name/Address	Your Position/Dates	Phone #  Fax #
*Supervisor/Contact Name	Business Name/Address	Your Position/Dates	Phone #  Fax #
*Supervisor/Contact Name	Business Name/Address	Your Position/Dates	Phone #  Fax #
Supervisor/Contact Name	Business Name/Address	Your Position/Dates	Phone #  Fax #
Supervisor/Contact Name	Business Name/Address	Your Position/Dates	Phone #  Fax #
Supervisor/Contact Name	Business Name/Address	Your Position/Dates	Phone #  Fax #

**Personal References** \*Three required Non-family

*Name	Address	Relationship/Years Known	Phone #
*Name	Address	Relationship/Years Known	Phone #
*Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #